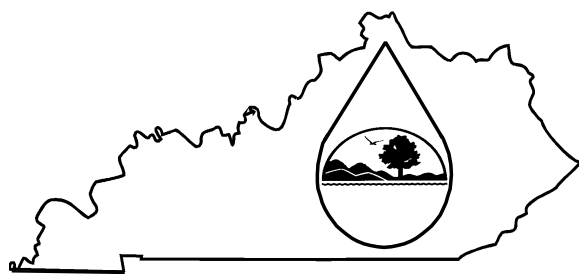


FORM ND-IFR

KENTUCKY NO DISCHARGE OPERATIONAL PERMIT (KNDOP)

Permit Application for No Discharge Permit for
Individual Family Residence
(Construction and Wastewater No Discharge Permits)



This is an application to:

- ☐ Apply for a new KNDOP.
- ☐ Apply for reissuance of expiring KNDOP.
- ☐ Apply for a construction permit.
- ☐ Modify an existing KNDOP.

In order to qualify for coverage under the *No Discharge Permit for Individual Family Residence*, the treatment system that serves the residence must include the following minimum treatment technology: extended aeration plus disinfection.

For additional information contact:
KPDES Branch (502) 564-3410

If Modification is checked, state reason for Modification:

For Agency Use

Permit No. (Leave Blank)

Facility: Latitude

Longitude

SECTION I – OWNER INFORMATION

Owner Name:

Address:

City, State, Zip Code:

Telephone Number:

Home # () -

Work # () -

Pager # () -

Is the residence privately owned? Yes ☐ No ☐

If No, indicate type of ownership:

Is ownership expected to transfer soon after permit issuance? Yes ☐ No ☐

If yes, please provide the following if known:

Anticipated Owner Name:

Telephone # () -

SECTION II – TREATMENT SYSTEM INFORMATION

Treatment System Location:
(Street, Road, Highway, etc.)

Nearest Community:

County:

Is the lot a part of subdivision? Yes ☐ No ☐

Name of the subdivision:

Number of lots in subdivision:

Lot Number:

Is this for a home that is already constructed or in place? Yes ☐ No ☐ If yes, is the home currently occupied? Yes ☐ No ☐

Does this replace an existing disposal system? Yes ☐ No ☐

What is the design treatment capacity in gallons per day?

Number of
Bedrooms:

Lot size (acres):

The destination of wastewater will be ☐ Lateral field ☐ Spray Irrigation ☐ Other (specify):

List each component of the sewage treatment system in order of occurrence:

1. Brand name and model # of aerator:

2. Brand name and model # of chlorinator:

3. Brand name and model # of pump:

4. Brand name and model # of sprinklers:

Number of
Sprinklers:

Spray Field Area

Area (acres):

Current spray field slope (%):

Proposed spray field slope (%):

SECTION III – ENCLOSURES

Checklist of items that must be submitted with the application: (Your application is not complete without these.)

☐ USGS Topographic Map marked to identify facility location.

USGS Topo Map: Attach an unreduced original or 8½ X 11 copy of a USGS 7½ minute quadrangle map for the site and mark the treatment plant location and discharge location. The map should indicate Quad name and extend at least one mile beyond property boundary. USGS maps may be obtained from the University of Kentucky, Mines and Minerals Bldg. Room 106, Lexington, Kentucky 40506. Phone number (859) 257-3896.

☐ Manufacturer's specifications of Treatment System, including aerator, chlorinator, pump and spray heads. Also include the following; calculations that demonstrate the correct sizing of the pump, drawings of the chlorine contact chamber, pump tank, and spray head installation.

☐ Site Plan showing layout of residence, components of treatment system in conjunction with property boundaries. The plan must show the positions of all dwellings within 200 feet of the spray field, and location of drinking water line or potable water source.

☐ A copy of the on-site sewage system evaluation from the county health department.

☐ If the property is located within regional facility planning area, submit a letter from the planning authority (municipality, sanitation district, etc.) stating that connection to a regional facility is not available and the proposed treatment system is compatible with the regional facility plan.

☐ Manufacturer's description of the design, operation, and maintenance of the Treatment System.

☐ \$450 Construction Permit Fee (Your check must be made payable to **KENTUCKY STATE TREASURER**)

SECTION IV – OPERATOR INFORMATION

Fill in this section only for operators who hold a certificate to operate a wastewater treatment facility from the Division of Water. For information concerning operator certification requirements, contact the Division of Water, Operator Certification Section at (502) 564-3410.

Is the owner the operator? Yes ☐ No ☐

Operator Name:

Operator Phone #: () -

Operator Address:

City, State, Zip Code:

Certification Class:

Certification Number:

Expiration
Date:

SECTION V – CERTIFICATION

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

☐ Please fax me a copy of the permit as soon as it is available. Fax Number: () - (A copy will always be mailed)

NAME AND OFFICIAL TITLE
(Type or Print)

Telephone Number:
(Area Code and Number)

() -

SIGNATURE:

DATE:

If this form was prepared by someone different than the owner indicate the name, address and telephone number of the preparer.

☐ Please mail a copy to the preparer.

☐ Please fax a copy of the permit to the preparer. Fax Number: () -

Name:

☐ The preparer is also the installer.

Address:

City, State, Zip Code:

Telephone Number:
(Area Code and Number)

() -

This completed application form and attachments should be sent to: KPDES Branch, Division of Water, Frankfort Office Park, 14 Reilly Road, Frankfort, Kentucky 40601. Questions should be directed to: KPDES Branch, Inventory and Data Management Section at (502) 564-3410.

KENTUCKY NO DISCHARGE OPERATIONAL PERMIT INSTRUCTIONS

If further information is needed concerning any question, please **contact the Division of Water, KPDES Branch at (502) 564-3410.**

Section	Type of Information	Description
Preliminary Information	Single Family Residence?	If you answer NO, do not use this form. Contact Division of Water, KPDES Branch at (502) 564-3410 to obtain Forms W-1 and ND.
	Permit Type	Your application is for a new no discharge permit to construct a new treatment plant or for a modification to an existing treatment plant. Check only one box.
	Reason for Modification	Fill this section out if you checked "Modification" under the previous question.
For Agency Use	NA	DO NOT FILL IN
I OWNER INFORMATION	Owner name	The permit will be issued in this person's name.
	Address	The address used to mail correspondence including the mailing of the permit.
	City, state, zip code	The address used to mail correspondence including the mailing of the permit.
	Telephone numbers	These numbers are used by the DOW to contact the applicant for issues related to the application.
	Private ownership	The person applying for the permit owns <u>and</u> occupies the home that will be served by the treatment system
	Type of ownership	i.e. rental property, development property, etc.
	Transfer of ownership	
II TREATMENT SYSTEM INFORMATION	Treatment system location	This information will be used by the DOW to locate the property on existing maps and drawings. The information will also be used by the Regional Office to locate the property before performing a "Site Survey".
	Nearest Community	The nearest incorporated or non-incorporated city, town, or community – preferably as shown on a USGS topographic map.
	County	The county within which the plant will be constructed.
	Subdivision?	If the residential lot is a part of a subdivision, check "Yes". Otherwise, check "NO".
	Subdivision Name	If the residential lot is a part of a subdivision, give the name of the subdivision.
	Number of Lots	If the residential lot is a part of a subdivision, give the number of lots in the subdivision.
	Lot Number	If the residential lot is a part of a subdivision, give the lot number.
	Is home constructed?	For the first question, check "Yes" if the residence already exists. For the second question, check "Yes" if someone currently lives in the residence.
	Status of disposal system	Check "No" only if there is currently no disposal system (i.e. septic system, lagoon treatment system, etc.)
	Design Treatment Capacity	You should consult with the manufacturer for information on the design capacity for the treatment plant. The treatment plant should have a minimum capacity of 500 gallons per day. For homes that have more than four bedrooms, the minimum capacity is 120 gallons per bedroom per day.
	Bedrooms	Include all rooms designed or currently used as bedrooms. This number is used to check the design capacity for the treatment plant.
	Lot size	All lots shall have a minimum size of 1 acre. Any lots smaller than 1 acre will be denied if part of a residential subdivision. The lot size should be given in the deed for the residential lot. (see 401 KAR 5:005 Section 22(1))
	Destination of wastewater	This is route of disposal of the treated wastewater.
	Treatment System Components	List each unit of the treatment plant in the order that wastewater flows through it from the residence to the outflow.
	1. Aerator	All treatment plants must have an aeration unit. Give the manufacturer's name and the model number of the aerator.
	2. Chlorinator	All treatment plants must have a chlorinator. This chlorinator shall follow any proposed filtration units. Give the manufacturer's name and the model number of the chlorinator.
	3. Pump	Most spray irrigation systems require pumps to attain the pressure required to operate the sprinkler heads in accordance with the manufacturer's specifications. Give the manufacturer's name and the model number of the pump.
	4. Sprinklers	A minimum of 3 sprinklers must be proposed. These sprinklers should be designed for wastewater applications. Give the manufacturer's name and the model number of the sprinklers.
	Spray Field Area	The spray field area shall be a minimum of 0.19 acres in size. For design capacity greater than 500 gpd, the spray field area shall be a minimum of one (1) acre per 1000 gpd. Spray fields with proposed slopes not less than 6% will be denied a permit. Regrading plans must be included for current slopes not less than 6%. Regraded spray fields must be completely vegetated prior to occupation of the residence.

KENTUCKY NO DISCHARGE OPERATIONAL PERMIT INSTRUCTIONS

If further information is needed concerning any question, please **contact the Division of Water, KPDES Branch at (502) 564-3410.**

Section	Type of Information	Description
III ENCLOSURES	Topographic Map	An 8.5 by 11 inch copy of an original topographical map from the USGS with circle around the area and an arrow pointing to the plant location is all that is required here. Larger maps can be submitted but are not required.
	Specifications of Treatment System	These are unit descriptions and drawings usually obtained from the manufacturer for each unit in the treatment plant to include aerator, filter units, chlorine contact chambers, chlorinator, pumps (including sizing calculations), pump tank, and sprinklers. Drawings shall include dimensions, capacity, model number, and manufacturer's name.
	Site Plan	These are drawings for the layout of the treatment plant. Both plan and elevation profile views shall be provided. The drawings shall show the dimensions between units, the dimensions of the units (length and width), and elevations for the inlet and outlet points for each unit, location and dimensions of spray field relative to any adjacent homes and property boundaries.
	County Health Department Site Evaluation	This is a copy of the evaluation by the Department for Public Health entitled "ON SITE SEWAGE DISPOSAL SYSTEMS SITE EVALUATION" (Form DFS-321). Your site must be evaluated as (U) UNSUITABLE before it can be considered for a treatment plant.
	Regional Planning Authority Approval Letter	These are the Regional Facility Planning Area Authorities that have the right to object to the construction of a treatment plant in an area where a regional collection system is being considered, under construction, already planned, or existing.
	Description of Design, Operation, and maintenance	In most cases, the manufacturer will have these design documents and O & M manuals available for the asking. Copies of these manuals should be submitted. For those custom configurations, such as pumps and sprinklers, plant specific design data must be submitted.
IV Operator Information	Definition	Describes what information goes in this section.
	Operator is owner	Check this box if the operator is also the owner.
	Operator Name	The name of the operator.
	Operator Phone	The telephone number of the operator.
	Operator Address	The street address for the operator.
	City, State, Zip Code	The address for the operator.
	Operator Certification	This is the certification information for the operator.
V Certification	Certification Statement	DO NOT SIGN the application if you do not agree with this statement.
	Fax Information	Check the box and fill in the fax number if the owner wishes to have a copy of the permit faxed as soon as it is available. A copy will always be mailed.
	Name and Official Title	The name and title of the owner.
	Telephone Number	The telephone number of the owner.
	Signature	The owner's signature.
	Date	The date when the owner signed the application.
Preparer	Fax Information	Check the first box if the owner wishes to have a copy mailed to the preparer as soon as it is available. Check the second box and fill in the fax number if the owner wishes to have a copy of the permit faxed as soon as it is available.
	Name	The name of the preparer.
	Preparer is installer	Check this box if the preparer is the installer.
	Address	The street address of the preparer. This address is used in mailed copies of the permit.
	City, State, Zip code	The address of the preparer. This address is used in mailed copies of the permit.
	Telephone Number	The telephone number for the preparer. This number is called when questions arise during review of the application.